

<i>SERFF Tracking Number:</i>	<i>AEGA-126455893</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44592</i>
<i>Company Tracking Number:</i>	<i>PIA APP 12/09</i>		
<i>TOI:</i>	<i>A05I Individual Annuities- Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05I.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>PIA APP 12/09</i>		
<i>Project Name/Number:</i>	<i>Single Premium Immediate Annuity Application /PIA APP 12/09</i>		

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: PIA APP 12/09

SERFF Tr Num: AEGA-126455893 State: Arkansas

TOI: A05I Individual Annuities- Immediate Non-Variable
 SERFF Status: Closed-Approved- Closed
 State Tr Num: 44592

Sub-TOI: A05I.000 Annuities - Immediate Non-variable
 Co Tr Num: PIA APP 12/09
 State Status: Approved-Closed

Filing Type: Form

Author: Laurie Bascom

Reviewer(s): Linda Bird

Date Submitted: 01/14/2010

Disposition Date: 01/15/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Single Premium Immediate Annuity Application

Project Number: PIA APP 12/09

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/15/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 01/15/2010

Deemer Date:

Created By: Laurie Bascom

Submitted By: Laurie Bascom

Corresponding Filing Tracking Number:

Filing Description:

Life and Health Division

Arkansas Insurance Department

1200 West Third Street

Little Rock, AR 72201

Attn: Policy Examination Division (Life & Annuity)

SERFF Tracking Number: AEGA-126455893 State: Arkansas
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Variable
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Re: Transamerica Life Insurance Company
NAIC #: 468-86231
PIA APP 12/09 – Single Premium Immediate Annuity Application
SERFF #: AEGA-126455893

Dear Sir or Madam:

Please find attached the above referenced application for your review and approval. This is a new form and is not intended to replace any form previously approved by your Department. This form is intended for use with policy form number ASI232 8 298, approved by your Department on 02/27/1998.

We have attached a Statement of Variability that outlines the items that are bracketed. Please note that due to the variability of the language on this application the pagination may vary based on what is included in this application.

Please note the paper and font of the attached application may change in the future. You have our assurances the form will contain the same language as approved by your Department. This form will be printed and be made part of any policy issued.

We would appreciate your review and subsequent approval of the attached form.

Sincerely,

Transamerica Life Insurance Company

Laurie Bascom
Filing Analyst II
TCM Regulatory Filing Dept.
Phone: 319-355-6813
Fax: 319-355-6820
Email: lbascom@aegonusa.com

P.S. This application was approved by Iowa, our Home State on _____, or is concurrently submitted.

Company and Contact

SERFF Tracking Number: AEGA-126455893 State: Arkansas
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Product Name: PIA APP 12/09
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Filing Contact Information

Laurie Bascom, Forms Filing Analyst II lbascom@aegonusa.com
4333 Edgewood Road, NE 319-355-6813 [Phone]
Cedar Rapids, IA 52499 319-355-6820 [FAX]

Filing Company Information

Transamerica Life Insurance Company CoCode: 86231 State of Domicile: Iowa
4333 Edgewood Road, NE Group Code: 468 Company Type:
Cedar Rapids, IA 52499 Group Name: State ID Number:
(319) 355-8511 ext. [Phone] FEIN Number: 39-0989781

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 form X \$50/form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	01/14/2010	33532898

<i>SERFF Tracking Number:</i>	<i>AEGA-126455893</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/15/2010	01/15/2010

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Disposition

Disposition Date: 01/15/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Single Premium Immediate Annuity Application		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	PIA APP 12/09	Application/ Single Premium Enrollment Immediate Annuity Form Application	Initial		51.600	PIA APP 12-09 (STD) Brackets TLIC.pdf

PERSONAL INCOME ANNUITY Fixed Immediate Annuity Application

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA **Mailing Address:** 4333 Edgewood Road N.E., Cedar Rapids, IA 52499

Telephone: (800) 201-8010 Option 1

PRIMARY OWNER FULL NAME ⁽¹⁾ _____

Residential Address: ⁽²⁾ _____

Mailing Address: _____

SSN: _____ DOB: _____ Telephone Number: _____ Sex: ☐ M ☐ F

U.S. Citizen ☐ Yes ☐ No (Country of Citizenship: _____) ☐ Resident Alien ☐ Non-Resident Alien ⁽³⁾

JOINT OWNER - Only available on Non-Qualified contracts. Relationship to Owner: _____

Full Name: ⁽¹⁾ _____

Residential Address: ⁽²⁾ _____

SSN: _____ DOB: _____ Telephone Number: _____ Sex: ☐ M ☐ F

U.S. Citizen ☐ Yes ☐ No (Country of Citizenship: _____) ☐ Resident Alien ☐ Non-Resident Alien ⁽³⁾

SUCCESSOR OWNER - Complete only if the Annuitant is different from the Owner and there is no Joint Owner. This is who will have ownership rights if the Owner dies.

Full Name: ⁽¹⁾ _____

SSN: _____ DOB: _____ Relationship to Owner: _____

ANNUITANT - Only available on Non-Qualified contracts. ☐ Same as Primary Owner

Full Name: ⁽¹⁾ _____

Residential Address: ⁽²⁾ _____

Mailing Address: _____

SSN: _____ DOB: _____ Telephone Number: _____ Sex: ☐ M ☐ F

U.S. Citizen ☐ Yes ☐ No (Country of Citizenship: _____) ☐ Resident Alien ☐ Non-Resident Alien ⁽³⁾

ANNUITANT BENEFICIARY(IES) - This is who will receive any death benefits if all annuitants die. If there are more than two (2) beneficiaries, attach an Additional Beneficiary Form. (Must total 100%)

Full Name: ⁽¹⁾ _____ ☐ Primary ☐ Contingent _____%

Relationship to Annuitant: _____ SSN: _____ Sex: ☐ M ☐ F

Full Name: ⁽¹⁾ _____ ☐ Primary ☐ Contingent _____%

Relationship to Annuitant: _____ SSN: _____ Sex: ☐ M ☐ F

⁽¹⁾ A Trustee Certification Form is required if a Trust is named as Owner or Beneficiary.

⁽²⁾ Address must be completed and cannot be a P.O. Box. Entities should provide the principal place of business.

⁽³⁾ For Non-Resident Alien, complete Form W-8BEN.

PAYEE - This is who will receive the payments. The owner is responsible for all taxes. ☐ Same as Primary Owner

Full Name: ⁽¹⁾ _____

Mailing Address: ⁽²⁾ _____

SSN: _____ Telephone Number: _____

PREMIUM INFORMATION

Single Premium Amount of \$ _____

Source of Funds: ☐ New Premium ☐ Qualified Transfer ☐ Qualified Rollover ☐ 1035 Exchange

Type of Annuity: ☐ Non-Qualified ☐ Qualified: (choose one) ☐ IRA ☐ SEP ☐ Other: _____

PAYMENT INFORMATION

First Payment Date: _____

First payment date will be 30 days from receipt of Premium unless otherwise noted above. Changing the Purchase Date, First Payment Date, or other proposal data may alter the premium and/or benefit calculation.

Annuity Payment Frequency: ☐ Monthly (minimum \$50.00) ☐ Quarterly ☐ Semi-annually ☐ Annually

Annuity Payment Option: (Please select ONE payment option below)

☐ _____ Years Period Certain (Available for a minimum of 5 years and a maximum of 30 years)

☐ Specified Amount of \$ _____

☐ Life Only (Proof of Age and Life Only Disclosure required)

☐ Life with _____ Years Guaranteed (Proof of Age required, Certain and Life Disclosure may be required)

☐ Life with Installment Refund (Proof of Age required)

☐ Life with Cash Refund (Proof of Age required)

☐ Life with Emergency Cash ® Option (Proof of Age required.) **May not be available in all states**

Cost of Living Adjustment:

☐ _____ % COLA Annually (Maximum of 6%. Not available with the Life with Emergency Cash ® Option.)

JOINT ANNUITANT

For the Payment Option selected above will this policy have a Joint Annuitant?:

☐ **No** (If No, move to Electronic Funds Transfer Section)

☐ **Yes** (If Yes, choose payment reduction option below)

☐ No change of income payments

☐ Change upon the death of either annuitant

☐ Change upon the death of the primary annuitant

Choose percentage surviving annuitant will receive after one death:

☐ 100% ☐ 75% ☐ 66 % ☐ 50% ☐ Other _____ %

Full Name: ⁽¹⁾ _____

Residential Address: ⁽²⁾ _____

Mailing Address: _____

SSN: _____ DOB: _____ Telephone Number: _____ Sex: ☐ M ☐ F

U.S. Citizen ☐ Yes ☐ No (Country of Citizenship: _____) ☐ Resident Alien ☐ Non-Resident Alien

⁽¹⁾ **A Trustee Certification Form is required if a Trust is named as Owner or Beneficiary.**

⁽²⁾ **Address must be completed and cannot be a P.O. Box. Entities should provide the principal place of business.**

ELECTRONIC FUNDS TRANSFER (EFT) INSTRUCTIONS AND AGREEMENT - Completed by Payee

I/We hereby authorize Transamerica Life Insurance Company to post electronic payments to my/our bank, and if necessary, debit entries or make adjustments for any credit entries in error to my/our checking or savings account indicated below and further authorize the financial institution named below to credit and/or debit the same entries to my/our account.

Select either checking or savings below (Select only one)

- ☐ Checking (Attach a pre-printed voided check) *
- ☐ Savings (Attach a pre-printed deposit slip) *

*Check or deposit slip must show pre-printed name of payee

Financial Institution: _____

Street Address: _____ Telephone: _____

City, State, Zip: _____

Name(s) on Account: _____

Payee(s) Signature: _____ Date: _____

TAX INFORMATION - Form W4P Disclosure

Owner's Name

Complete the following applicable lines:

1. ☐ Check here if you do not want any federal income tax withheld from your annuity. (Do not complete lines 2 or 3)
2. Total number of allowances and marital status you are claiming for withholding from each periodic annuity payment. (You may also designate an additional dollar amount on line 3.)

Marital Status: ☐ Single ☐ Married ☐ Married, but withhold at higher "Single" rate

Enter number of allowances: _____

3. Additional amount, if any, you want withheld from each annuity payment \$ _____
Note - For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.

Your annuity payments are subject to federal (and state, if applicable) income tax withholding requirements. If you elect not to have income tax withholding apply to your payments, or if you do not have enough income tax withheld from your payments, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

In order to recognize your election not to have income tax withheld from your annuity payments, you must provide your correct tax identification number (TIN). Failure to provide this information will result in us having to withhold income tax from your annuity payments. If you, the annuity Owner, are a resident of a state that requires withholding, you are also electing to have state income taxes withheld when you elect to have Federal Income Taxes withheld. If the withholding information in this section is not completed, federal income tax and, if applicable, state income tax will be withheld at the rates applicable for an individual whose status is married and who claims 3 allowances.

Mandatory 20 % Federal Withholding on distributions from Qualified Pension and 403(b) Tax Sheltered Annuities:

If your annuity payments are eligible rollover distributions, we are required to withhold 20% for federal income tax (and state, if applicable). This mandatory withholding will not apply if the payments are made to satisfy required minimum distributions or if directly rolled over to an IRA or other eligible employer plan that accepts the payments.

Note: Transamerica Life Insurance Company does not give legal or tax advice. It is recommended that the Owner always consult with his/her personal tax advisor regarding annuity taxation as it applies to the Owner.

SIGNATURE(S) OF AUTHORIZATION ACCEPTANCE - All questions in this section must be answered

- ☐ No ☐ Yes Did the Representative/Insurance Producer present and leave the applicant insurer-approved sales material?
- ☐ No ☐ Yes Do you have any existing annuity policies/life insurance contracts?
- ☐ No ☐ Yes Will this annuity replace or change any existing annuity or life insurance? (Complete the information below.)

Company: _____ Policy #: _____

- Unless I have notified Transamerica Life Insurance Company of a community or marital property interest in this contract, Transamerica Life Insurance Company will rely on good faith belief that no such interest exists and will assume no responsibility for inquiry.
- To the best of my knowledge and belief, all of my statements and answers on this application are correct and true.
- This application is subject to acceptance by Transamerica Life Insurance Company. If this application is rejected for any reason, Transamerica Life Insurance Company will be liable only for return of purchase payment paid.
- I understand that federal law requires all financial institutions to obtain customer information, including the name, residential address, date of birth, Social Security Number or Tax Identification Number and any other information necessary to sufficiently identify each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination.

I HAVE REVIEWED MY FINANCIAL OBJECTIVES AND INSURANCE NEEDS, INCLUDING ANY EXISTING ANNUITY COVERAGE, AND FIND THE ANNUITY BEING APPLIED FOR IS APPROPRIATE FOR MY NEEDS.

I have read the Fraud and Disclosure Statements listed in this application.

Signed at: _____
City State Date

☞ Owner Signature: X _____

☞ Joint Owner Signature: X _____

☞ Annuitant Signature (if not Owner): X _____

☞ Joint Annuitant Signature (if applicable): X _____

REPRESENTATIVE/INSURANCE PRODUCER INFORMATION - All questions in this section must be answered

- ☐ No ☐ Yes Did you present and leave the applicant insurer-approved sales material?
- ☐ No ☐ Yes Does the applicant have any existing annuity policies or life insurance contracts?
- ☐ No ☐ Yes Do you have any reason to believe the annuity applied for will replace or change any existing annuity or life insurance?

REMINDER - If applicable, submit the appropriate state replacement form(s) if the Applicant's state has Replacement Regulations.

I HAVE MADE REASONABLE EFFORTS TO OBTAIN INFORMATION CONCERNING THE CONSUMER'S FINANCIAL STATUS, TAX STATUS, INVESTMENT OBJECTIVES AND SUCH OTHER INFORMATION USED OR CONSIDERED TO BE REASONABLE IN MAKING THE ANNUITY RECOMMENDATION AND FIND THE ANNUITY BEING APPLIED FOR APPROPRIATE FOR HIS/HER NEEDS.

I certify that I have truly and accurately recorded on the application the information that was provided to me by the applicant.

Print Full Name: _____

Representative/Insurance Producer ID Number: _____

Representative/Insurance Producer Code: _____

Solicitor Code: _____ General Agency Code: _____

Phone Number: _____ Email Address (Optional): _____

Signature: X _____

REPRESENTATIVE/INSURANCE PRODUCER CHECKLIST:

- ☐ Personal Income Annuity Application
- ☐ Copy of Fixed Income Annuity Proposal (Quote)
- ☐ Fixed Annuity Questionnaire
- ☐ 1035 Exchange or Qualified Funds Form
- ☐ State-specific Replacement Forms
- ☐ Proof of Age
- ☐ Certain and Life or Life Only Disclosure
- ☐ Other _____

Fraud and Disclosure Statements

For Applicants in [AR, LA, ME, NM, OH, OK, RI, TN, WV]

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Applicants in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For Applicants in DC

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For Applicants in KY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For Applicants in MD

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Applicants in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For Applicants in PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Applicants in WA

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Under the Washington Uniform Transfers to Minors Act, extending custodianship to age twenty-five may cause you to lose your annual exclusion from Federal Gift Tax. We recommend you seek the advice of your tax counsel prior to making this election.

Must be returned with Completed Application

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: Arkansas Cert 2 (Flesch) - TLIC - PIA APP 1209.pdf Arkansas Cert 3 (Reg 19) - TLIC - PIA APP 1209.pdf		
Bypassed - Item: Application Bypass Reason: Application being submitted for review is attached under Form Schedule tab. Comments:		
Bypassed - Item: Life & Annuity - Acturial Memo Bypass Reason: n/a Comments:		
Satisfied - Item: Statement of Variability Comments: Attachment: Statement of Variability.pdf		

TRANSAMERICA LIFE INSURANCE COMPANY

STATE OF ARKANSAS

CERTIFICATION

This is to certify that the attached Single Premium Immediate Annuity Application Form No. PIA APP 12/09 has achieved a Flesch Reading Ease Score of 51.6 and complies with the requirements of Ark. Stat. Ann. § 23-80-21 through 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act.

TRANSAMERICA LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "Karen Alvarado", written in a cursive style.

Karen Alvarado
Vice President, Compliance Director

01/14/2010

Date

CERTIFICATION OF COMPLIANCE

Company Name: Transamerica Life Insurance Company

Form Title(s): Single Premium Immediate Annuity Application

Form Number(s): PIA APP 12/09

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg.19 s 10B, as well as the other laws and regulations of the State of Arkansas.



Karen Alvarado
Vice President, Compliance Director

01/14/2010

Date

Fixed Immediate Annuity Application - Statement of Variability

PIA APP 12/09

We have bracketed or determined that the following information will be variable. Any changes will be for future use only, and on a non-discriminatory basis. These changes include any changes to ensure this form remains compliant with state and federal laws, regulations and requirements as well as the items specifically detailed below. We have bracketed the sections for the following reasons:

Product Name (Marketing Name): To allow for future changes in the marketing name for the annuity.

Address/Telephone: To allow for administrative flexibility. Should the location, telephone number or other annuity contact information change, this information will be updated accordingly.

Fraud and Disclosure Statements: The ability to add or remove states due to future state requirements.